

Summary of Comments Received Before CR102 Filed Births, Fetal deaths.

(Note: Most stakeholders commented on the birth certificate and requested that the same changes be made to the fetal death certificate where appropriate)

Comments were received from 32 stakeholders. Some stakeholders commented on more than one item and some items were commented on by more than one stakeholder. The following describes how the comments were handled by the Center for Health Statistics (CHS).

In all, 44 suggestions were received.

17 suggestions involved minor formatting or wording changes. These suggestions were discussed internally at CHS. Of these, 8 were accepted and 9 were rejected. The external Certificate Review Team received a copy of these decisions.

27 suggestions involved more substantive changes, all for additions to the certificate. Of these:

7 suggestions were decided on at CHS: 3 were accepted and 4 were rejected. These decisions were ratified through full consensus by the Certificate Review Team.

20 suggestions were discussed and voted on by the Certificate Review Team: 6 were accepted, 12 were rejected, and there were 2 special cases discussed below. The major reason for rejecting suggestions was the need to limit items to save space on the form and minimize the burden on data providers.

The 2 special cases discussed by the Certificate Review Team were:

1. One item had a very close vote. This item was later discussed at CHS and not added to the certificate because the data are difficult to collect and of questionable accuracy.
2. A series of items related to Hepatitis B testing and vaccination were requested so that they could be included in the state's immunization registry (CHILD Profile). Because these are medical items, they would have to be defined in WAC as confidential items and would therefore not be available in identified format to CHILD Profile. After several discussions between CHS and CHILD Profile, it was decided that these items would be collected on a form separate from the birth certificate. The Hepatitis B data would then be covered by RCW 70.02 rather than RCW 70.58. Thus they could be shared with health care providers through the immunization registry.